

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90058 001 ***900.00

DOCUMENT # F00000003585

1. Entity Name
GPA ATR INC.

Principal Place of Business C/O ERGOFI INC., D/B/A INDIGO AIRLEASE 100 NE THIRD AVENUE, SUITE 800 FT. LAUDERDALE FL 33301	Mailing Address C/O ERGOFI INC., D/B/A INDIGO AIRLEASE 100 NE THIRD AVENUE, SUITE 800 FT. LAUDERDALE FL 33301
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65826



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business debis AirFinance USA, Inc	3. Mailing Address debis AirFinance USA, Inc
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Suite, Apt. #, etc. 100 NE 3rd Ave, Ste 800	Suite, Apt. #, etc. 100 NE 3rd Ave, Ste 800
City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL

4. FEI Number 06-1292963	Applied For <input type="checkbox"/> Not Applicable
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Zip 33301	Country USA	Zip 33301	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARYL BEN BASAT
 100 NE THIRD AVENUE, SUITE 800
 FT. LAUDERDALE FL 33301**

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D DALTON, PATRICK SHANNON, COUNTY CLARE IRELAND	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	DP Caryl Ben Basat 100 NE 3rd Avenue, Suite 800 Ft. Lauderdale, FL 33301
<input checked="" type="checkbox"/> Delete	DP RUDOLPH, STEPHANIE 100 NE THIRD AVENUE, SUITE 800 FT. LAUDERDALE FL 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	DS Laura B. Showalter 100 NE 3rd Avenue, Suite 800 Ft. Lauderdale, FL 33301
<input checked="" type="checkbox"/> Delete	DS MACK, CAREN 100 NE THIRD AVENUE, SUITE 800 FT. LAUDERDALE FL 33301	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other IKA empowered.

SIGNATURE: Laura B. Showalter **LAURAB.SHOWALTER** 1/4/01 954-760-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)